

ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD
1740 W. ADAMS ST., SUITE 4600, PHOENIX, ARIZONA 85007
PHONE (602) 364-1PET (1738) FAX (602) 364-1039
VETBOARD.AZ.GOV

COMPLAINT INVESTIGATION FORM

*If there is an issue with more than one veterinarian please file a
separate Complaint Investigation Form for each veterinarian*



PLEASE PRINT OR TYPE

FOR OFFICE USE ONLY

Date Received: MAY 5, 2022

Case Number: 22-126

A. THIS COMPLAINT IS FILED AGAINST THE FOLLOWING:

Name of Veterinarian/CVT: Raissa De La Cruz

Premise Name: Vetco Total Care

Premise Address: 10190 W McDowell Rd

City: Avondale State: AZ Zip Code: 85392

Telephone: (480) 333-5445

B. INFORMATION REGARDING THE INDIVIDUAL FILING COMPLAINT*:

Name: Janet Schmit

Address: [REDACTED]

State: [REDACTED]

Zip Code: [REDACTED]

Home Telephone: [REDACTED]

Cell Telephone: [REDACTED]

*STATE LAW REQUIRES WE HAVE TO DISCLOSE YOUR NAME UNLESS WE CAN SHOW THAT DISCLOSURE WILL RESULT IN SUBSTANTIAL HARM TO YOU, SOMEONE ELSE OR THE PUBLIC PER A.R.S. § 41-1010. IF YOU HAVE REASON TO BELIEVE THAT SUBSTANTIAL HARM WILL RESULT IN DISCLOSURE OF YOUR NAME PLEASE PROVIDE COPIES OF RESTRAINING ORDERS OR OTHER DOCUMENTATION.

C. PATIENT INFORMATION (1):

Name: Panda
Breed/Species: Border Collie /Mix
Age: 9 (8@ time of accid) Sex: Female Color: Black/ White

PATIENT INFORMATION (2):

Name: N/A
Breed/Species: _____
Age: _____ Sex: _____ Color: _____

D. VETERINARIANS WHO HAVE PROVIDED CARE TO THIS PET FOR THIS ISSUE:

Please provide the name, address and phone number for each veterinarian.

AVECCC 7823 W Golden Ln, Peoria, Az 85345 480-462-1700 various caregivers

AVECCC 86 W Juniper Ave, Gilbert, Az 85233 480-497-0222 Various caregivers

Dr. Stainback: Veterinary Neurological Center 4202 E Raymond St, Phoenix, AZ
85040 602-437-1488

E. WITNESS INFORMATION:

Please provide the name, address and phone number of each witness that has direct knowledge regarding this case.

Dr Jonathan Bycroft and other employees, in house video showing her coming off table.

Attestation of Person Requesting Investigation

By signing this form, I declare that the information contained herein is true and accurate to the best of my knowledge. Further, I authorize the release of any and all medical records or information necessary to complete the investigation of this case.

Signature: 

Date: 8/4/22

F. ALLEGATIONS and/or CONCERNS:

Please provide all information that you feel is relevant to the complaint. This portion must be either typewritten or clearly printed in ink.

11-12-21 I took Panda in for a dental procedure, I received a call Dr De La Cruz, to inform me she had a broken tooth, needed authorization to pull. I approved, was told she would be ready in a few hours to pick up they would call. I received a call from Dr. Delacruz, stating they were putting off pick up as she was not waking up from anesthesia and would need more time under monitoring.

I received several more calls throughout the day with the same concern and that some dogs just do not wake up as easily and not to worry. I received a last call telling me I could come pick her up and either take her home to "sleep it off" or they would cover an overnight observation. My son and I arrived to pick her up and saw her laying on a mat on the floor and could not move. I told her I could not take her home, where can I take her to have her checked out? Dr DeLaCruz stated she had run tests and xrays and could not see any reason for her condition. I asked her if she fell, she stated positively no she had not failed, she rolled to edge of table and was caught. We had 7 hours of delay in treatment, due to her denying the fall. I was given 2 choices, and we transferred her to AVECCC in Peoria. She was immediately placed in an oxygen tent and more tests and monitoring was done.

11-13-21 We were then advised to transfer to Neurology for an MRI, they found that her C4 and C5 cervical spine injury, non-ambulatory tetraparesis, pneumonia, hypoventilation. We were advised she needed critical care as she was not breathing on her own. They transferred her, on oxygen to the AVECCC in Gilbert for the more extensive treatment. This is also the day that I was told that Panda had had a soft fall, I asked what fall? I was told she never fell. Dr DeLaCruz had to admit to them the truth, but still denied it to me.

Panda spent 20 days in critical care. most of it on a ventilator. As swelling eased, she gained small mobility in the tail and hind legs. She is not able to support her weight on any extremity, her front is very weak.

She was discharged 12/2/21, she has to have special bedding, needs to be rotated every 4-6 hours, needs to be confined for her safety. Needs to be on a prescription diet due to the gastric distress. She cannot be left alone for any length of time, as she cannot get to food or water, cannot get out to relieve herself.

Panda developed a bedsore even with all the precautions, on the elbow front leg and had to have treatment for closure and infection with Southwest Surgical in Gilbert. These treatments delayed her physical therapy, as Water therapy is ideal for her. She is now learning to use a 4 wheel cart, has more health issues due to the injury, ear infections, respiratory struggles, gastric flare ups due to the stress, meds and transportation to many treatments and Physical Therapy. She needs to be medicated to transport. She is starting to use the cart with encouragement and can move it with the hind legs, but not with her front, she just drags them along.

Petco, Ashlee Redmond (Petco Area Medical Director) Dr Bycroft, and Dr DeLaCruz have all continuously stated they had her bills covered, I was not to worry, they had it handled. I have a phone recording of Dr DeLaCruz stating it as well.

On this recording, she finally admits what actually happened from watching the in house video. I only have her word and she has continuously lied to me, so without seeing it, I cannot be sure.



Janet Schmit

Thu, May 5, 2022 at 10:45 AM

To: Tracy Riendeau <tracy.riendeau@vetboard.az.gov>

Southwest veterinary surgical 86 w juniper Gilbert 855-274-4798

Arizona animal wellness 3279 e pecos rd Gilbert 480-988-3660

New primary: 99th ave & lower buckeye animal clinic
2735 s 99th ave tolleson, 623-936-7387

Sent from my iPhone

On May 5, 2022, at 9:19 AM, Tracy Riendeau <tracy.riendeau@vetboard.az.gov> wrote:

[Quoted text hidden]

F Cont.

I just want someone to be held accountable and to pay the bills they agreed to pay. Petco has decided they are not going to cover the follow-up bills, only the initial visits up to the December release, as she became too expensive. And it now needed to roll to the owner responsibility. I told Ashlee, I did not break her and they were responsible for repairing her to her best state. She stated they would no longer be doing so, but Petco would cover half of the \$70,000 and their insurance would take care of the other half. I would need to file with Dr. DeLaCruz malpractice for anything more from that. I filed with them, and they told me that I had to compile all bills and then they would look at them and make a determination, settlement offer. I asked about an ongoing payment schedule as it would be a long-term deal, at first, they said this could be done, now they say no. Petco has turned what they said they were paying over to this insurance carrier, and they are withholding payment until Panda treatment is completed. I told them to pay them then and I would figure it out, as Panda is still in treatment, and I do not have an end date for that. Panda 1- should have been secured, 2- someone should have been with her, hands on 3 Dr. DeLaCruz should have been truthful from the start. 4 the lies told during the day, delayed treatment, and almost cost her life, as well as may have contributed to her paralysis. Upon reading her surgical summary, they state she was able to sit up, but unable to control. Panda was laying on a mat on the floor supported to sit up, as she was unable to do so on her own. She is just now able to start doing so, almost 6 months later.

June 7, 2022

In re: 22-126 (Raissa De La Cruz)

To: Arizona Veterinary Board

Panda presented on the morning of 11-12-21 for a dental procedure after a previous consultation had determined that she had grade 4 periodontal disease. Bloodwork was performed at this consult; results were largely unremarkable and were discussed with Ms. Schmit.

Patient was premedicated that morning with Cerenia (SQ), Hydromorphone, and Dexmedetomidine intramuscularly between 8:30-9:00 am. An IV catheter was placed, she was induced with propofol, and intubated by 9:30 am. Patient was promptly hooked up to monitoring equipment and technician Susan Luce and assistant Makensie Pipkin began the process of taking full mouth radiographs. At roughly 10:00am I began to probe the patient's mouth to check for pockets and confirm the findings of the radiographs. A large 9mm pocket (no fracture) was found on canine 104 along with smaller pockets on 204 and 407, and a partial furcation on 109. 10-15 minutes after probing began, I stepped away from the dental table to an adjacent room to communicate my findings with Ms. Schmit via phone while my technicians continued to scale Panda's teeth and record vitals every 5 minutes.

During this phone call I recommended extraction of 104 and disclosed my other findings including options for extraction of other teeth or filling pockets/furcations with Clindoral gel. Ms. Schmit verbally approved extraction of 104 only and an updated estimate was provided also via this phone call. We were on the phone for around 5-10 minutes. It was during this time that Panda unexpectedly and suddenly woke up from anesthesia, flailed and fell off the dental table, supposedly feet first per the technician/assistant who were present. Panda was immediately picked up, her ET tube was secured, and an additional 2 ml of propofol given IV. She was reattached to monitoring equipment promptly after stabilization – all while I was still on the phone with Ms. Schmit in the other room. By the time I returned to the dental table, I was told of the incident and Panda had already been stabilized. I rechecked the patency of the ET tube, physical examined Panda and continued with the procedure as planned.

Canine 104 was extracted after administration of a local block and the gingival flap was sutured closed without further surgical or anesthetic complications. Panda was extubated at around 12:12 pm and given a Rimadyl injection subcutaneously. Panda was panting heavily post extubation and her mucous membrane color was slowly becoming cyanotic. She was placed on flow-by oxygen for the following 2 hours while her recovery was closely monitored. Hydromorphone was given IV with the assumption that the panting was due to post-operative pain and then reversed with Naloxone 30 minutes later after changes to her MM color were noted. While on oxygen, patient's color slowly returned to light pink and the panting had decreased.

At around 5pm I contacted Ms. Schmit for another update letting her know that Panda was having a slow recovery and that we would feel more comfortable waiting until the end of the day to discharge her. I explained to her that Panda had woken up very abruptly from anesthesia and had rolled off the side of the dental table. Thoracic radiographs were taken during her recovery to assess if there had been any damage, and the findings were unremarkable. I explained to her that Panda was more aware now that the effects of anesthesia were slowly wearing off, but she remained ataxic after her recovery. I explained that this may be partially due to anesthesia, but due to this incident, we could not rule out

other complications despite radiographic findings. I was transparent with my differentials. I gave Ms. Schmit two options over the phone: 1) admission to a 24-hour facility for overnight care and continued monitoring or 2) Taking panda home and returning first thing in the morning for a reassessment. Ms. Schmit elected to take Panda home at this time.

Ms. Schmit and her son came to pick up Panda at around 6:30 pm. We had Panda outside of her recovery cage and on a mat on the ground where she was being continually monitored to better assess her motor function. I confirmed that her cranial nerves were still intact at this time and some muscle tone was weakly present seen in attempts to move/reposition herself, but with no true control of her limbs nor the ability to fully sit up or stand. At the time of pick-up, Ms. Schmit was brought to the treatment area to see Panda for herself where she talked to me, Dr. Bycroft, and Susan Luce in person about the incident. We collectively made the decision to transfer Panda over to AVECCC in Peoria.

Over the next week, Dr. Bycroft and I were in touch with AVECCC and VetNeuro for updates on Panda and assessments from the specialists.

I called Ms. Schmit on 11-13-21 to touch base and get an update from her personally. She stated that Panda had recently been admitted to AVECCC in Gilbert but was in stable condition. At this time, Petco had agreed to cover the costs for stabilization and hospitalization at either of these emergency care facilities. I explained to Ms. Schmit that we were to consult with our AMD (Dr. Redmond) for further financial approval of other medical services but that I would be in touch with her once this was sorted out. I then confirmed via phone that Petco would cover the costs of a neurological consultation and an MRI. I also communicated with her my personal review of the footage from the day of the incident for the first time and how the fall and trajectory could have resulted in cervical trauma, unbeknownst to my technicians who were present.

Ms. Schmit stopped by the clinic one last time around the first week of December to give us another update on Panda, this time in person. She was making a purchase related to Panda's recovery at our pet care center just moments before. Dr. Redmond happened to be there at the time that this took place. She and I both spoke to Ms. Schmit and we were glad to learn that Panda was to be discharged from AVECCC and was doing well. Ms. Schmit was neither angry nor upset on this day. The entire exchange was brief but civil and courteous seeing as how, to my knowledge, none of her complaints were brought to our attention at this time

As I have conveyed to Ms. Schmit, this was an unfortunate and unexpected accident and the entire staff and I feel terrible about Panda's fall. To my knowledge, nothing like this has ever happened at the practice.

DOUGLAS A. DUCEY
- GOVERNOR -



VICTORIA WHITMORE
- EXECUTIVE DIRECTOR -

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INVESTIGATIVE COMMITTEE REPORT

TO: Arizona State Veterinary Medical Examining Board

FROM: AM Investigative Committee: Carolyn Ratajack - Chair
Christina Tran, DVM - **Absent**
Robert Kritsberg, DVM
Jarrod Butler, DVM
Steven Seiler - **Absent**

STAFF PRESENT: Tracy Riendeau, CVT – Investigations
Marc Harris, Assistant Attorney General

RE: Case: 22-126

Complainant(s): Janet Schmit

Respondent(s): Raissa De La Cruz, D.V.M. (License: 8115)

SUMMARY:

Complaint Received at Board Office: 5/5/22

Committee Discussion: 10/4/22

Board IIR: 11/16/22

APPLICABLE STATUTES AND RULES:

Laws as Amended August 2018

(Lime Green); Rules as Revised September 2013 (Yellow).

On November 12, 2021, "Panda," an 8-year-old female Border Collie mix was presented to Respondent for a dental procedure. The dog was anesthetized and dental radiographs were performed. After reviewing the radiographs, Respondent evaluated the dog's mouth and contacted Complainant with her findings and recommendations.

During Respondent's phone conversation with Complainant, technical staff proceeded with scaling the dog's teeth. At this time, the dog jumped off the dental table without warning; staff attempted to catch the dog but the dog struck the floor.

The dog was placed back on the dental table and stabilized when Respondent returned. Respondent was advised on the incident; she extracted the tooth, and the dental procedure was completed.

The dog was placed in recovery; after extubation, the dog was panting heavily and slowly became cyanotic. The dog was placed on oxygen and was closely monitored. Complainant was contacted and advised that they needed to monitor the dog further before discharge. She was advised that the dog had rolled off the side of the dental table and the dog was now ataxic.

When Complainant arrived to pick up the dog, she elected to transfer the dog to an emergency facility for monitoring. The following day, the dog was transferred to the neurologist where she was diagnosed with traumatic C4 – 5 vertebral luxation with extensive spinal cord edema and focal intramedullary hemorrhage as well as tetraplegia with impaired diaphragmatic innervation and ventilation.

Complainant was noticed and did not appear.

Respondent was noticed and appeared telephonically. Attorney David Stoll appeared.

The Committee reviewed medical records, testimony, and other documentation as described below:

- Complainant(s) narrative: *Janet Schmit*
- Respondent(s) narrative/medical record: *Raissa De La Cruz, DVM*
- Consulting veterinarian(s) narrative/medical record: *AVECCC; Veterinary Neurologist; Southwest Surgical; AZ Animal Wellness; and 99th Ave and Lower Buckeye.*

PROPOSED 'FINDINGS of FACT':

1. On November 12, 2021, the dog was presented to Respondent for a dental procedure. Upon exam, the dog had a weight = 44.4 pounds, a heart rate = 101.6 degrees, a heart rate = 126bpm, and respiratory rate = normal. The dog had grade 4 periodontal disease, decreased range of motion on hind limbs with historical intermittent lameness, a mass of the right dorsal abdomen and the dog was overweight.

2. The dog was pre-medicated with cerenia, hydromorphone, and dexmedetomidine. An IV catheter was placed and fluids were initiated – type unknown. The dog was induced with propofol, intubated and maintained on isoflurane and oxygen. Dental radiographs were performed; Respondent probed the mouth to check for pockets and confirm the findings of the radiographs. She found a large 9mm pocket on canine 104 along with smaller pockets on 204 and 407, and a partial furcation of 109. Respondent stepped away after probing the dog's teeth to call Complainant with her findings. Technical staff continued to monitor the dog and scale the dog's teeth while Respondent spoke with Complainant.

3. According to Respondent, while she was on the phone with Complainant, the dog suddenly woke up from anesthesia, flailed and fell off the dental table, supposedly feet first per technical staff present. The dog was picked up, the endotracheal tube was secured and an additional propofol was administered IV. She was reattached to monitoring equipment after stabilization. All this occurred while Respondent was on the phone with Complainant in the other room.

4. According to Ms. Luce, technical staff member that was assisting Respondent, the dog was maintained on 1 – 1.5% isoflurane. The dog was stable and showed no signs of being at a light plane of anesthesia. The equipment and endotracheal tube were checked and properly functioning prior to surgery. After Respondent evaluated the dog's mouth, she stepped away to call Complainant with the findings. During this time, Ms. Luce continued to clean the remaining teeth that would not be extracted. She picked up the scaler and pressed the floor pedal to check the water output before applying the scaler to the tooth. The dog violently thrashed without warning – she reached out to increase the isoflurane – during this time, the dog became

almost upright and jumped off the table. He co-worker, Ms. Pipkin, regained control of the dog as she was scrambling off the table. The dog was placed back on the table in a sternal position – they called for assistance – and the dog was administered additional propofol. The dog was repositioned on the table, the endotracheal tube was checked and vitals were evaluated.

5. Ms. Pipkin reported that the dog jumped off the table head first to the ground.

6. According to Dr. Bycroft, Hospital Medical Leader, she reviewed the security camera footage and saw that the dog jumped off the dental table with apparently no warning. While technical staff were attempting to catch the dog, the dog struck the floor, causing trauma to the neck. Video of the incident was not provided by Respondent.

7. When Respondent returned to the dental table, she was told of the incident and the dog had already been stabilized. She checked the endotracheal tube and examined the dog prior to continuing with the procedure. Respondent administered a local block, extracted tooth 104 and the gingival flap was suture closed.

8. The dog recovered, was extubated and Rimadyl was administered. The dog was panting heavily post extubation and her mucous membrane color was slowing becoming cyanotic. The dog was placed on oxygen for the following two hours while being closely monitored. The dog was administered hydromorphone with the assumption that the panting was due to post-operative pain and then reversed with naloxone 30 minutes later after changes to her mucous membranes were noted. The dog's color improved and panting decreased while on oxygen.

9. That afternoon, Respondent called Complainant to let her know that the dog was recovering slowly and she would feel more comfortable waiting until the end of the day to discharge the dog. She further stated that the dog had woken up very abruptly from anesthesia and had rolled off the side of the dental table. The dog was more aware due to the anesthesia slowly wearing off but remained ataxic after her recovery. Respondent explained that it could be due to the anesthesia or from the incident. Thoracic radiographs were taken and were unremarkable.

10. According to Complainant, she received several calls advising the dog was not waking up from anesthesia as expected and they wanted to monitor her longer. She finally received a call to come pick up the dog to either take the dog home to sleep it off or they would cover an overnight observation. When Complainant arrived to pick up the dog, she was laying on a mat and could not move. Complainant explained that she could not take the dog home and asked where she could take the dog. Respondent told Complainant that she performed radiographs and could not see a reason for the dog's condition. Complainant asked if the dog fell, Respondent responded no, she did not fall but the dog did roll to the edge of the table and was caught. Complainant elected to take the dog to an emergency facility for evaluation. The dog was discharged with carprofen and Clavamox.

11. That evening the dog was presented to Arizona Veterinary Emergency and Critical Care Center (AVECCC) in Peoria for lethargy and neurologic abnormalities following a fall during a

dental procedure. On presentation, the dog was noted to be quiet but responsive. She was non-ambulatory, tetraparetic with superficial pain present. At the time, the dog was hypoventilating with mild respiratory acidosis on venous blood gas. Due to concerns for possible spinal trauma the dog was transferred to Veterinary Neurology Center.

12. The dog underwent MRI imaging at Veterinary Neurology Center which revealed a traumatic C4 – 5 vertebral luxation with extensive spinal cord edema and focal hemorrhage. The dog's cervical spinal trauma was thought to have damaged the innervation to her diaphragm and intercostal muscles, resulting in respiratory impairment with hypoventilation. At this point, it was recommended that the dog be transferred to AVECCC in Gilbert for continued supportive care and probable need for ventilator support.

13. On November 13, 2021, the dog was transferred to AVECCC in Gilbert. After evaluation and due to concerns for hypoventilation and excessive respiratory effort, mechanical ventilation was recommended for the dog. The dog was intubated and placed on a mechanical ventilator. She was also sedated in order to maintain proper sedation for mechanical ventilation; IV fluids were also started.

14. According to Complainant, this was the first time that she was told that the dog had a soft fall. She stated that she was never advised that the dog had fallen.

15. The dog's diagnostics and treatment regime were adjusted as needed throughout the prolonged hospitalization.

16. On December 2, 2021, the dog was discharged. According to the veterinarians at AVECCC, the dog continues to show gradual improvements in her overall health and neurologic status.

17. Complainant expressed concerns that she was not told the dog had fallen off the dental table resulting in the spinal injury therefore delaying treatment for 7 hours. Respondent and her Medical Directors admitted the dog rolled off the dental table and would cover the expenses for the dog's treatment. Complainant was never provided a copy of the video of the incident and questions their honesty about what occurred.

COMMITTEE DISCUSSION:

The Committee discussed that it would be nice to see the video to see what happened; if the dog woke from anesthesia or if it was an aberrant motion that should have been picked up by technical staff that were monitoring the dog.

Respondent's attorney explained that the video was attempted to be obtained but was advised by the premises legal department that it would need to be subpoenaed by the Board. Complainant likely did not appear for the Investigative Committee meeting due to the financial dispute of this case was finally resolved; a settlement had been reached.

There were questions surrounding how the dog landed when it jumped off the table. There

were different statements from technical staff on what occurred. The Committee commented that the dog should never have fallen off the table regardless of the reason. The level of isoflurane was discussed – there were concerns that it could have been too low at the time – 1%. The dog should have been re-evaluated before the scaling was started to ensure it was at a proper plane of anesthesia.

The Committee was concerned about when the pet owner was notified of the dog's fall. Once the video was reviewed, management followed through with supporting the pet. Staff did not contemplate that the dog would have sustained a neck injury when then picked the dog up and placed it back on the dental table. If they had not re-stabilized the dog; the dog could have violently woken up, further aggravating the neck injury.

The Committee commented that there was a very experienced technical staff member that did not get veterinary assistance after the dog fell to the floor. There was not a medical evaluation at that time of the fall; instead the dog was picked up, further anesthetized and proceeding for another two and a half hours longer without proper communication with the veterinarian. Veterinarian's put their trust in their staff and the severity of what transpired was not made clear. After an unexpected incident with potential neurological issues, stabilizing the patient, assessing the situation, and getting the appropriate care in a neurological situation can make a difference in the long term recovery of the patient. Additionally, Respondent was not forthcoming with the owner for a period of time when it was clear the pet was not recovering appropriately.

Dogs are not restrained for dental procedures like other surgical procedures which can lead to a pet falling off a table. Even if the dog was recovered at the time of the fall, it still could have been a few hours before neurological signs developed because the edema would take time before it compromised the spinal cord. It was probably best that the dog was not woken up at that time, in an uncontrolled situation.

Pets have been known to wake up during anesthesia and flail, especially if intubated incorrectly. In this case, Respondent stated the dog was intubated correctly.

The Committee discussed Respondent's communication with Complainant; after Respondent had the full information on how the dog was injured, she did not shy away from telling the pet owner what had transpired. The pet owner was not overtly upset and did not feel the vet was trying to hide anything. Initially, Respondent did not know what had happened but after she gathered more information, she was forthcoming with the incident.

COMMITTEE'S PROPOSED CONCLUSIONS of LAW:

The Committee concluded that possible violations of the Veterinary Practice Act occurred.

COMMITTEE'S RECOMMENDED DISPOSITION:

Motion: It was moved and seconded the Board find:

ARS § 32-2232 (11) Gross negligence; for allowing the pet to jump/fall off the dental table which led to the dog's injury.

Vote: The motion was approved with a vote of 3 to 0.

The information contained in this report was obtained from the case file, which includes the complaint, the respondent's response, any consulting veterinarian or witness input, and any other sources used to gather information for the investigation.

TR

Tracy A. Riendeau, CVT
Investigative Division

KATIE HOBBS
GOVERNOR



VICTORIA WHITMORE
EXECUTIVE DIRECTOR

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IN ACCORDANCE WITH § A.R.S. 32-2237(D): "IF THE BOARD REJECTS ANY RECOMMENDATION CONTAINED IN A REPORT OF THE INVESTIGATIVE COMMITTEE, IT SHALL DOCUMENT THE REASONS FOR ITS DECISION IN WRITING."

At the January 18, 2023 meeting of the Arizona State Veterinary Medical Examining Board, the Board conducted an Informal Interview in Case 22-126, In Re: Raissa De La Cruz, DVM.

The Board considered the Investigative Committee Findings of Fact, Conclusions of Law, and Recommended Disposition:

ARS § 32-2232 (11) *Gross negligence; for allowing the pet to jump/fall off the dental table which led to the dog's injury.*

Following the informal interview with Respondent, the Board did not feel this incident rose to the level of a violation and voted to dismiss this issue with no violation.

Respectfully submitted this 18th day of January, 2023.

Arizona State Veterinary Medical Examining Board

Jessica Creager
Jessica Creager - Chairperson